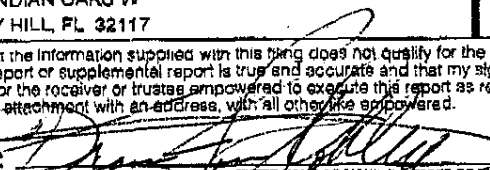


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90269 042 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09986					
1. Entity Name MARY MCLEOD BETHUNE COMMUNITY CENTER, INC.					
Principal Place of Business 101 BETHUNE VILLAGE DAYTONA BEACH, FL 32114			Mailing Address 101 BETHUNE VILLAGE DAYTONA BEACH, FL 32114		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3032944			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOBLEY, FRANCIS A. 631 CATHERINE STREET HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OFFIAH, SANDRA		NAME		
STREET ADDRESS	1620 WOODCREST DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	DAYTONA BEACH, FL		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BLANTON, ELIZABETH		NAME		
STREET ADDRESS	710 DAVIS ST		STREET ADDRESS		
CITY-STATE-ZIP	DAYTONA BEACH, FL 32118		CITY-STATE-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LILAVOIS, MICHELLE		NAME		
STREET ADDRESS	215 QUIET TRAIL DR.		STREET ADDRESS		
CITY-STATE-ZIP	DAYTONA BEACH, FL 32124		CITY-STATE-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EKPO, FRANK		NAME		
STREET ADDRESS	1409 CADILLAC DR.		STREET ADDRESS		
CITY-STATE-ZIP	DAYTONA BEACH, FL 32217		CITY-STATE-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALTON, VIVIENNE		NAME		
STREET ADDRESS	712 ROCK CT		STREET ADDRESS		
CITY-STATE-ZIP	PORT ORANGE, FL 32119		CITY-STATE-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOBLEY, FRANCIS A.		NAME		
STREET ADDRESS	1013 INDIAN OAKS W		STREET ADDRESS		
CITY-STATE-ZIP	HOLLY HILL, FL 32117		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/28/04 (386) 253-9474		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		